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United Nations Population Fund

Country programme document for Chad

Proposed indicative UNFPA assistance:	$33.3 million: $13.4 million from regular resources and $19.9 million through co-financing modalities and/or other resources, including regular resources
Programme period:	Five years (2017-2021)
Cycle of assistance:	Seventh
Category per decision 2013/31:	Red

Proposed indicative assistance (in millions of $):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	5.8	15.0	20.8
Outcome 2	Adolescents and youth	4.2	2.8	7.0
Outcome 3	Gender equality and women's empowerment	2.3	2.1	4.4
Programme coordination and assistance		1.1	0	1.1
Total		13.4	19.9	33.3

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I. Situation analysis

1. Chad has a population of over 13.6 million inhabitants and a total land area of 1,284,000 square km, two thirds of which are desert. Ranked 185 out of 188 on the human development index in 2015, Chad has been weakened by falling oil prices and terrorist attacks in recent years. Given its high fertility rate (6.4 children per woman) and a population that is extremely young (more than two out of three Chadians are under 25 years old), it is expected that in the next 20 years the total number of Chadians will double. The country aims to reach the status of emerging middle-income country by the year 2030, by investing in the health and education sectors and by creating jobs that increase its potential to reap the demographic dividend. Achieving a reduction in mortality rates and reaching the demographic dividend will be challenging given the current high fertility rates. The high dependency ratio (115) and large number of unemployed youth undermine the savings and investments made to support the education and health of children. Despite efforts, the level of maternal mortality is still very high. According to the demographic health survey data for 1999-2015, maternal mortality has decreased by more than 22 per cent in 10 years, from 1,099 maternal deaths (1999-2005) to 860 per 100,000 live births (2010-2015),with over half (50.8 per cent) being adolescent girls (aged 15-19 years). The main reasons are: inadequate health coverage; insufficient number of and poorly trained health-care workers; insufficient availability and poor quality of maternal care, affecting the low assisted delivery rate (34 per cent) and severe maternal morbidity (obstetric fistula). Poverty, low status of women and low rates of education in girls are the underlying causes.

2. In the last ten years the fertility rate has stagnated (6.3 in 2004 and 6.4 in 2015). The continued high fertility is largely a result of: (a) the low supply and limited use of modern methods of contraception (5 per cent of women in a union and 2 per cent of girls under age 20), contrasted with the high demand for family planning services (22.9 per cent in 2015); (b) high prevalence of early marriage and early sexual activity (28.4 per cent of women are married before the age of 15, and 69 per cent were under the age of 18 at the time of their marriage); (c) the persistence of negative practices, harmful sociocultural beliefs and perceptions; (d) the very low educational level of women and adolescent girls (in 2014, the girls' net enrolment rate was 55 per cent compared to 71 per cent for boys and the completion rate at primary school was 28.4 per cent for girls and 40 per cent for boys); and (e) the lack of application of the decree enforcing law number 006/PR/2002 on the promotion of reproductive health, which would allow freedom of choice to access family planning services.

3. According to a study conducted by the Association of Women Jurists in 2015, the country is also facing a high prevalence of gender-based violence, with rates of 18 per cent for physical violence and 12 per cent for sexual violence. Female genital mutilation, which is practiced in most parts of the country, affects 44 per cent of Chadian women. The persistence of harmful practices and gender-based violence are tied to traditional sociocultural beliefs that limit the empowerment of women and adolescent girls and leave them vulnerable. Sexual violence and gender-based violence among women and girls (and even some men and boys) are recurrent and underreported.

4. Despite the fact that there are very few reproductive health stakeholders in the country, there is no global consultation framework and the various interventions are carried out in silos and lack synergy and coordination.

5. Furthermore, Chad continues to face serious security crises owing to Boko Haram attacks, kidnapping of adolescent girls and women, and the forced recruitment of children and young people, which is jeopardizing prospects of development and the future of the whole country and of the Lake Chad region. This issue is exacerbated by the massive influx of refugees and returnees from Central African Republic and Sudan in addition to internally displaced persons (126,500 women, 110,000 men and 48,600 adolescent girls). All of this creates intense pressure to provide a humanitarian

response and build a resilient system that can guarantee the availability and provision of basic social services, including reproductive health.

II. Past cooperation and lessons learned

6. The sixth cooperation programme (2012-2016) covered the whole country, with special emphasis on sexual and reproductive health issues in nine of 23 regions.

7. The final evaluation of the programme indicated that UNFPA has contributed to improving the delivery of maternal health services by qualified health personal through: (a) the availability of eight gynaecologist/obstetrician volunteers in the intervention areas; (b) the support for the establishment of a diploma of specialized studies in obstetrics/gynaecology at the University of N'Djamena which has provided training for 33 gynaecologists; (c) the revision of the midwifery training curriculum and its alignment with international standards (World Health Organization and the International Confederation of Midwives) for quality training; and (d) the recruitment of 29 midwives and their integration as civil servants by the Government. The key challenge for midwives is their deployment in rural and remote areas.

8. UNFPA has significantly contributed to strengthening the provision of quality maternal health services in UNFPA intervention areas and has enabled: (a) an increase of birth deliveries attended by a skilled birth attendant from 17.5 per cent in 2010 to 36 per cent in 2015; and (b) the increased number of health structures offering emergency obstetrical and neonatal care from 14 in 2011 to 82 in 2015.

9. The delivery of family planning services was strengthened through the training of 1,000 service providers in contraceptive technology and capacity-building of health facilities. This included the provision of contraceptives, and an improved information and logistics management system leading to an increased contraceptive prevalence rate from 0.6 per cent in 2010 to 5.3 per cent in 2015.

10. The programme has enabled: (a) the repair of 2,424 obstetric fistulas in the National Centre for Fistula Treatment as well as the setting up of three regional fistula treatment offices; and (b) the integration of reproductive health services (prenatal consultation, family planning, skilled attendants at birth and for emergency obstetrical and neonatal care) in the National Centre for Fistula Treatment, with significant improvement in the performance of that centre resulting in the reduction of the maternal mortality and morbidity ratio to below 1 per cent from 2011 to 2015.

11. As a result of an intense advocacy campaign organized by UNFPA with traditional and religious leaders, including the support of Muslim leaders, members of parliament voted in favour of a law which ratified the presidential decree forbidding child marriage and setting the minimum age of marriage at 18 years.

12. A strong advocacy effort with traditional leaders and authorities resulted in a solemn commitment by 21 communities to abandon female genital mutilation and promote initiation into sexual life without cutting. The humanitarian response in the eastern part of the country facilitated service provision for 32,416 women and girls, mostly Sudanese refugees and women from host communities. This was achieved through the integration of reproductive health services in 23 health centres. The implementation of the minimum initial service package at the beginning of the humanitarian crisis in the Central African Republic and the crisis caused by Boko Haram in western Chad enabled the reduction of maternal morbidity and mortality. It also allowed for the prevention of gender-based violence among refugees, returnees, internally displaced people and the host community populations, which totalled 40,837 women and 45,575 girls.

13. The main lessons learned from the evaluation of the sixth programme were that: (a) the low consideration of young people has consistently weakened the demand for sexual and reproductive health care and services; (b) strengthened partnership and synergy should be encouraged in the selection of intervention areas in order to maximize results and impact; (c) poor logistics systems allow frequent stock shortages and are obstacles to the achievement of results; and (d) community-based family

planning activities were not emphasized enough, thus limiting the achievement of programme outcomes.

III. Proposed programme

14. The new programme, for 2017-2021, is aligned with the Sustainable Development Goals, the Vision 2030: *Le Tchad que nous voulons (The Chad We Want)*, and the UNDAF, 2017-2021. Reducing fertility and maternal mortality rates, and ensuring the continuum between development and management of humanitarian crises and emergencies constitute the necessary programming pillars that will achieve the integration of global objectives with the national sustainable development vision. Guided by a results-based approach and lessons learned, the new programme will support the countries in the development of policies and programmes while focusing on marginalized populations of refugees, internally displaced populations, returnees, women of childbearing age in the two humanitarian regions (Lake Chad Basin and the southern border with Central Africa Republic) and four other regions (in the east, south, centre and north) where harmful practices (female genital mutilation and child marriage) and gender-based violence are widespread. The selection of regions was done in order to create synergy with "performance-based-financing" and the "Sahel Women Empowerment and Demographic Dividend project", a partnership between the World Bank, UNFPA and the Government of Chad.

A. Outcome 1: Sexual and reproductive health and rights

15. Output 1: Increased national capacity to strengthen enabling environments, increase demand for and supply of modern contraceptives, and improve quality family planning services that are free of coercion, discrimination and violence, including in humanitarian situations. The main strategies will focus on: (a) advocacy for the implementation of laws and regulations on family planning in partnership with traditional and religious authorities; (b) strengthening the commodities supply chain and logistics management system; and (c) the expansion of the supply of family planning services through advanced strategies and community-based services.

16. Output 2: Increased national capacity to provide sexual and reproductive health services, including in humanitarian settings. Key strategies include: (a) support for the accreditation of public and private midwifery schools, and the retention of midwives in rural areas; (b) adequate coverage of obstetrical and neonatal emergency care and the promotion of their use; (c) strengthening the national capacity of prevention and treatment of women with obstetrical fistulas; and (d) strengthening the health information system for quarterly data monitoring.

B. Outcome 2: Adolescents and youth

17. Output 1: Increased access to quality and youth-friendly reproductive health services for marginalized adolescent girls, including those that are subject to risk of child marriage. This output will be achieved through the following strategies: (a) strengthening the capacity of partners to develop holistic programmes to reach marginalized adolescent girls; (b) supporting the implementation of the law against child marriage through step-by-step sensitization of traditional and religious leaders, parents, girls and boys; (c) increasing access for adolescent and marginalized girls to information and sexual and reproductive health services through community-based outreach, the development of quality friendly advice and services; and (d) supporting the development of girls' empowerment projects, with emphasis on the Lake Chad region, and in synergy with women's empowerment and the demographic dividend project; and (e) supporting data collection and analysis to better inform policies targeting adolescents.

C. Outcome 3: Gender equality and women's empowerment

18. Output 1: Increased national capacity to provide prevention services and care for violence and harmful practices against girls and women, including in humanitarian settings. The key strategies are: (a) strengthening of communication for behavioural

RESULTS AND RESOURCES FRAMEWORK FOR CHAD (2017-2021)

National priority: Human capital
Sustainable Development Goal 3 (indicators 3.1, 3.2, 3.9, 3.10 and 3.16)
UNDAF outcome: By the end of 2021, most vulnerable women, adolescent girls, adolescents and children under five living in rural and suburban communities will increase use of high-quality integrated health, HIV and nutritional care services, including in humanitarian settings
Indicators: Birth attendance rate in health structures. *Baseline: 22% Target: 60%.* Percentage of young people using adapted services to sexual and reproductive health. *Baseline (2015): 5%; Target (2021): 10%*

UNFPA Strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
Outcome 1: Sexual and reproductive health Increased availability and use of integrated sexual and reproductive health services (namely family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access *Indicator(s):* • Percentage of delivery points that have the seven maternal health drugs that save lives (lifesaving maternal/SHR medicine) *Baseline: 26%; Target: 85%* • (Total) contraceptive prevalence rate *Baseline: 5%; Target: 17%* • Percentage of service delivery points that have not run out of contraceptives in the last six months *Baseline: 20%; Target: 90%* • Rate of assisted birth delivery *Baseline: 34%; Target: 70%*	Output 1: Increased national capacity to strengthen enabling environments, increase demand for and supply of modern contraceptives and improve quality family planning services that are free of coercion, discrimination and violence, including in humanitarian situations	• Number of health districts having functional information and logistics management systems to forecast and monitor reproductive health commodities *Baseline: 6; Target: 29* • Percentage of level one service delivery points offering at least three contraceptive methods in areas of intervention zones *Baseline: 13.3%; Target: at least 85%* • Number of women who have newly accepted modern family planning methods in areas of interventions *Baseline: 0; Target: 113,229*	Ministry of Public Health and related departments; non-governmental organizations; United Nations organizations; bilateral and multilateral donors	$13.2 million ($4 million from regular resources and $9.2 million from other resources)
	Output 2: Increased national capacity to deliver comprehensive quality maternal health services, including in humanitarian situations	• Percentage of emergency obstetrical and neonatal care structures with at least one midwife *Baseline: 0%; Target: 60%* • Number of cases of obstetrics fistula repaired with UNFPA support *Baseline: 0; Target: 1,581* • Existence of inter-agency contingency plan integrating the minimum integrated service package in reproductive health *Baseline: No; Target: Yes*		$7.6 million ($1.8 million from regular resources and $5.8 million from other resources)

National priority 2: Human capital
SDG 4 (indicator 4.3) and **SDG 5** (indicators 5.3 and 5.4)
UNDAF Outcome: By the end of 2021, most vulnerable women, adolescent girls, adolescents and children under five living in rural and suburban communities will increase use of quality integrated health, HIV and nutritional care services, including in humanitarian situations.
Indicators: Birth attendance rate in health structures. *Baseline: 22%; Target: 60%.* Percentage of young people using adapted sexual and reproductive health services. *Baseline (2015): 5%; Target (2021): 10%*

Outcome 2: Adolescents and youth Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health *Indicator(s):* • Fertility rate among adolescents (aged 15	Output 1: Increased access to quality and youth-friendly reproductive health services for marginalized adolescent girls, including those subject to risk of child marriage	• Number of adolescents reached with sexual and reproductive health services *Baseline: 0; Target: 58,230* • Number of civil society organizations having a plan of action against early marriages *Baseline: 0; Target: 8* • Number of country-wide civil society initiatives addressing adolescent girls at risk of child marriage *Baseline: 0;Target: 6*	Ministries of: Youth; Education; Women; and related departments; civil society organizations; United Nations organizations; multilateral and bilateral donors	$7 million ($4.2 million from regular resources and $2.8 million from other resources)

to 19 years) *Baseline: 30%; Target: 20%* • Percentage of women aged 20-24 years married or in a union before age 18 *Baseline: 68%; Target: 38%*				
National priority: Social cohesion **Sustainable Development Goal 5** (indicators 5.1, 5.2 and 5.5) **UNDAF Outcome**: By the end of 2021, the vulnerable populations in targeted areas will increase use of social protection services, thus improving their living conditions **Indicators**: Percentage of people covered by at least one social protection net, including education and health (depending on age, sex, economic status, origin, place of residence, disability and civil status). Percentage of beneficiaries of social protection programmes (cash transfers, in-kind, food for assets, food for training, school feeding, seasonal assistance)				
Outcome 3: Gender equality and women's empowerment Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth *Indicator(s):* • Proportion of women aged 15 to 49 who think that a husband/partner is right to beat his spouse/partner under certain circumstances. *Baseline: 63%; Target: 30%* • Prevalence of harmful traditional practices, including female genital mutilation/cutting *Baseline: 44% ; Target: 20%*	Output 1: Increased national capacity to provide prevention services and care for violent and harmful practices against girls and women, including in humanitarian situations	• Number of communities that declared abandoning female genital mutilation *Baseline: 0; Target: 26* • Number of functional gender-based violence integrated support centres *Baseline: 0; Target: 3* • Percentage of referred cases of sexual and gender-based violence against women and children that are investigated and sentenced *Baseline: 0%; Target: 60%*	Ministries of: Women; Youth; Health; civil society organizations; United Nations organizations	$4.4 million ($2.3 million from regular resources and $2.1 million from other resources) Total for programme coordination and assistance: $1.1 million